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IAO 000 111 708

FACILITY NAME: ~~IA0000111708~~ ~~IAID 984599290~~
LOCATION: J N FAUVER SERVICE CENTER
RCRA ID #: 6700 6TH ST SW
CEDAR RAPIDS-IA-52404

12/1/94

IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? _____

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____

3. NO? Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. NOT @ FACILITY DURING 93 FLOOD

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe:

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe:

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe:

RCRA



FACILITY NAME: _____
LOCATION: _____
RCRA ID #: _____

IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.

8. Is the facility currently storing hazardous waste generated as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.

TYPE	AMOUNT	I, O or B
Examples:		
Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did the facility generate hazardous waste as a result of the flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.

TYPE	AMOUNT
Examples:	
Contaminated MEK	2 - 55 gal. Drums
Cleaning Products	6 spray bottles

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER COMMENTS:

Last Revised: 1/25/91

Time to complete screening: 1:20-2:00 1hr

RCRA SCREENING CHECKLIST

Inspector: Michael May

Primary Media: _____

Date: 12/1/94

~~IA0000111708~~ IAD 984599290

Facility: _____

J N FAUVER SERVICE CENTER

Facility Address: _____

6700 6TH ST SW

CEDAR RAPIDS-IA-52404

Phone (319) 366-6346

Contact/Title: ORRIN PRINS/mgr.

SIC #: _____

Process: MACHINERY SERVICE CENTER

Office Questions:-----

1) Facility description ONE STORY - CONCRETE BLOCK BUILDING

2) Does facility have an EPA ID number? Yes ☒ No #IAD984599290

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) USED OIL, 50 GAL/MONTH, RECYCLED OFFSITE AS FUEL (INDUSTRIAL SERVICE CORP.-CEDAR FALLS, IA); PARTCLEANING SOLVENT, 25 GAL/MONTH, OFFSITE RECYCLING (SAFETY KLEEN-DAVENPORT, IA); CAUSTIC SLUDGE, 1 GAL/MONTH, HAVE NOT DISPOSED OF YET

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes ☐ (please note which ones are classified as HW) No ☒

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping /Landfills/Surface Impoundments? Describe: _____

TREATMENT CAPABILITIES TO NEUTRALIZE PAINT STRIPPING CAUSTIC WASTE

Field Observations:-----

6) Are CIW/HW stored on-site? Yes ☒ No ☐

Describe (material, approximate quantity, storage method): _____

USED OIL, 120 GAL IN 55-GALLON DRUMS; CAUSTIC SLUDGE, 15 GALLONS

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): CLOSED, LABELED, UNDAMAGED

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes ☐ No ☒ Describe: _____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes ☐ No ☒ Describe _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes ☐ No ☒ Describe: _____

11) Recommendations and/or Additional Observations: I PERFORMED A SITE INSPECTION & DID NOT TAKE COPIES OF THEIR 1993 MANIFEST BECAUSE FACILITY COULD NOT LOCATE THEM @ TIME OF INSPECTION

**J N FAUVER SERVICE CENTER
Cedar Rapids, Iowa**

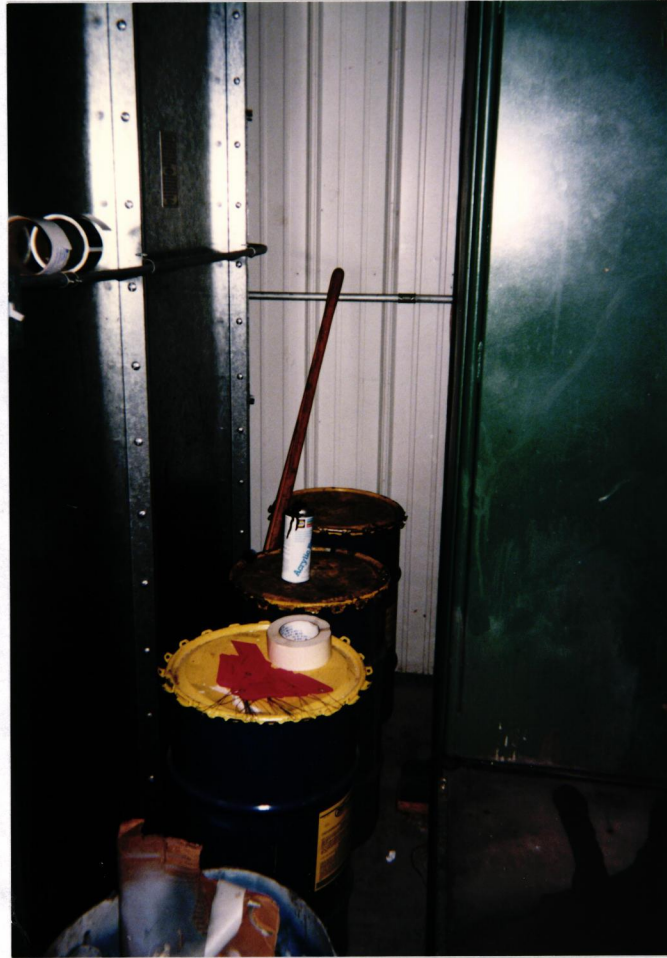


Photo No: 1 **Direction:** South **Photographer:** Michelle May
Date/Time: 12/01/94; 1340 **Description:** This photo shows three 30-gallon drums. The drum next to the white wall is empty; the drum with the spray can on top contains about 15 gallons of caustic paint/oil sludge. The drum with the roll of tape on top contains product.

J N FAUVER SERVICE CENTER
Cedar Rapids, Iowa



Photo No: 2 **Direction:** West **Photographer:** Michelle May
Date/Time: 12/01/94; 1340 **Description:** This photo shows a Safety-Kleen parts cleaning unit.

J N FAUVER SERVICE CENTER
Cedar Rapids, Iowa



Photo No: 3 **Direction:** North **Photographer:** Michelle May
Date/Time: 12/01/94; 1340 **Description:** This photo shows used oil being stored in the white drums. One drum located behind the white drums is empty and the other contains about 10 gallons of used oil. The drums on the rack contain raw product.

RCRIS HANDLER INFORMATION

This form completed on 12/1/94 (date) by MICHELLE MAY (name of person completing form)
PRC EMI (name of person's employer), TES REPA Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IA IA0000111708 ^{TEMPORARY #} IA D 984599290

J N FAUVER SERVICE CENTER

1. NAME OF INSTALLATION 6700 6TH ST SW
CEDAR RAPIDS-IA-52404

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"

- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: SAME as # 1.

CITY/ZIP CODE: _____, IA _____

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: SAME as # 1.

CITY/ZIP CODE: _____, IA _____

4. INSTALLATION CONTACT PERSON:

Name: ORRIN PRINS

Title: SERVICE CENTER MANAGER

Telephone Number: Area Code (319) 366-6346

Street Address: SAME as # 1.

City/Zip Code: _____, IA _____

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: SUN DISTRIBUTORS

Street Address: SAME as # 1.

City/Zip Code: _____, IA _____

Telephone Number: Area Code (_____) _____

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY)

☒ Hazardous waste generation ☐ Hazardous waste transportation

☒ Conditionally exempt small quantity generator

☐ Transports waste for self only

☐ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☐ Other: (specify) _____

RCRIS data entered

BY PCAP AARP/SEE

ON 5/13/97

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name	J N FAUVER SERVICE CENTER
Facility Address	6700 6TH ST SW CEDAR RAPIDS, IA 52404
Inspector (print)	Title
MICHAEL MAY	ENVIRONMENTAL ENGINEER
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	
Date 12/1/94	

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

Facility Name	J N FAUVER SERVICE CENTER
Facility Address	6700 6TH ST SW CEDAR RAPIDS, IA 52404

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____

Title _____

Address _____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

=====

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
Orrin PRINS	Service Center MGR.
Signature/Date	
<i>Orrin Prins</i>	12/1/94

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name	J N FAUVER SERVICE CENTER
Facility Address	6700 6TH ST SW CEDAR RAPIDS, IA 52404

Information for which confidential treatment is requested:

NONE CLAIMED

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
ORRIN PRINS	<i>Orrin Prins</i> 12/1/94
No confidential treatment claimed during the inspection: <u>OP</u> (Facility Representative's initials)	
Inspector (print)	Signature/Date
MICHELLE MAY	<i>Michelle May</i> 12/1/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	J N FAUVER SERVICE CENTER
Facility Address	6700 6TH ST SW CEDAR RAPIDS, IA 52404

Documents Collected? YES___ (list below) NO ☒

Samples Collected? YES___ (list below) NO ☒ Split Samples: YES___ NO___

Documents/Samples were: 1)Received no charge___ 2)Borrowed___ 3)Purchased___

Amount Paid: \$___ Method: Cash___ Voucher___ To Be Billed___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

FACILITY COULDN'T FIND 1993 MANIFESTS
(NEW SERVICE CENTER MANAGER) SO
THEY WILL MAIL COPIES OF ALL
1993 MANIFESTS TO PRC'S KANSAS
CITY OFFICE

Facility Representative (print)	Signature/Date
Orrin Prins	<i>Orrin Prins</i> 12/1/94
Inspector (print)	Signature/Date
MICHAEL MAY	<i>Michael May</i> 12/1/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	